





STIONS? CALL YOUR ACCOUNT SPECIALIST, LORRAINE GORDON,  
AT 646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE  
AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

HELEN S KAHANER  
20 HARROGATE DRIVE  
HILTON HEAD ISL, SC 29928

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DINER'S CLUB
CHARGE \$	TO CREDIT CARD #			
SIGNATURE:	EXP DATE:			
STATEMENT DATE	DUUE DATE	AMOUNT YOU OWE	AMOUNT ENCLOSED	
09/29/07	10/14/07	\$4448.14	\$	

MAIL PAYMENT TO:

PYHICIAN BILLING DEPARTMENT  
PO BOX 26352  
NEW YORK, NY 10087-6352

PLEASE CHECK THIS BOX IF YOUR ADDRESS OR INSURANCE HAS  
CHANGED AND MAKE YOUR CHANGES ON THE REVERSE SIDE.

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT

## STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: SEPTEMBER 29, 2007)

G4

MEDICAL RECORD # 35156600

PATIENT NAME: HELEN S KAHANER

QUESTIONS? CALL YOUR ACCOUNT SPECIALIST, LORRAINE GORDON,  
AT 646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE  
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THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS  
AT MEMORIAL SLOAN-KETTERING CANCER CENTER. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED. THE RIGHT SIDE DESCRIBES INSURANCE  
CLAIMS AND PAYMENTS.

INVOICE NUMBER: 13103689

! PROVIDER: ROBERT T HEELAN MD  
RADIOLOGY GROUP

03/09/07 CHEST SINGLE VIEW FRONTAL. .... \$45.00  
TOTAL CHARGES: \$45.00

PAYMENT ACTIVITY

03/09/07	TOTAL CHARGES	\$45.00
03/14/07	INSURANCE CLAIM FILED	
08/15/07	PAYMENT PRIMARY INSURANCE	\$26.35
AMOUNT YOU OWE		\$16.65

CHARGES

INVOICE NUMBER: 13131689

PROVIDER: SAMSON W FINE MD  
PATHOLOGY GROUP

03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM ..... \$300.00  
03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM ..... \$300.00  
03/09/07 DECALCIFICATION PROCEDURE ..... \$20.00  
03/09/07 LEVEL IV-GROSS AND MICROSCOPIC EXAM 5 UNIT[S] ..... \$750.00  
TOTAL CHARGES: \$1370.00

PAYMENT ACTIVITY

03/09/07	TOTAL CHARGES	\$1370.00
03/22/07	INSURANCE CLAIM FILED	
08/09/07	PAYMENT PRIMARY INSURANCE	\$863.10
AMOUNT YOU OWE		\$506.90

CHARGES

INVOICE NUMBER: 13220113

PROVIDER: HARRY W HERR MD  
UROLOGY GROUP

03/09/07 NEPHRECTOMY, PARTIAL ..... \$11865.00  
03/09/07 ULTRASOUND, INTRAOPERATIVE ..... \$500.00  
TOTAL CHARGES: \$12365.00

PAYMENT ACTIVITY

03/09/07	TOTAL CHARGES	\$12365.00
04/23/07	INSURANCE CLAIM FILED	
08/09/07	PAYMENT PRIMARY INSURANCE	\$8739.41
AMOUNT YOU OWE		\$3625.59

CONTINUED ON REVERSE SIDE ...

STREET ADDRESS, APT #

CITY

STATE / PROVINCE

POSTAL CODE

COUNTRY

EMPLOYER

WORK PHONE NUMBER

EMPLOYER STREET ADDRESS

CITY

STATE

ZIP CODE

INSURANCE CHANGES		PREVIOUS		INSURANCE CHANGES		NEXT	
INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO		INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO	
SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH		SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH	
I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE		I.D. NUMBER	GROUP/PLAN NUMBER	EFFECTIVE DATE	
MAILING ADDRESS FOR CLAIMS				MAILING ADDRESS FOR CLAIMS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE

\*\*\* IF POSSIBLE, PLEASE ENCLOSE A COPY OF YOUR INSURANCE ID CARD (FRONT AND BACK) WITH THIS CHANGE \*\*\*

## STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: SEPTEMBER 29, 2007)

G4

MEDICAL RECORD # 35156600

PATIENT NAME: HELEN S KAHANER

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INVOICE NUMBER: 13243203

CHARGESPROVIDER: PAUL H DALECKI MD  
ANESTHESIOLOGY GROUP03/21/07 KIDNEY, URETER SURG  
235 MINUTES.....

PAYMENT ACTIVITY		
03/09/07	TOTAL CHARGES	\$2990.00
04/30/07	INSURANCE CLAIM FILED	
08/09/07	PAYMENT PRIMARY INSURANCE	2691.00
	AMOUNT YOU OWE	\$299.00

TOTAL CHARGES: \$2990.00

YOUR LAST PAYMENT OF \$141.75 WAS RECEIVED ON 05/03/07.

ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	KINDLY REMIT IN FULL BY 10/14/07
\$4448.14	\$0.00	\$4448.14